



# House of Representatives

General Assembly

**File No. 459**

*January Session, 2001*

Substitute House Bill No. 6740

*House of Representatives, April 25, 2001*

The Committee on Public Health reported through REP. EBERLE of the 15th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

**AN ACT IMPLEMENTING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO CERTAIN PROVISIONS OF TITLES 17A, 19A AND 20 OF THE GENERAL STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17a-211 of the general statutes is  
2 repealed and the following is substituted in lieu thereof:

3 (b) Every two years, the department shall hold public hearings on a  
4 complete draft of the plan and, in January, 1992, and every two years  
5 thereafter, the department shall submit the final plan and a transcript  
6 of the public hearings to the joint standing committees of the General  
7 Assembly having cognizance of matters relating to public health and  
8 appropriations and the budgets of [states] state agencies.

9 Sec. 2. Section 17a-216 of the general statutes is repealed and the  
10 following is substituted in lieu thereof:

11 The Department of Mental Retardation may, within [the limits of]  
12 available appropriations, purchase wheelchairs, placement equipment  
13 and clothing which is specifically designed for handicapped persons  
14 directly and without the issuance of a purchase order, provided such  
15 purchases shall not be in excess of three thousand five hundred dollars  
16 per unit purchased. All such purchases shall be made in the open  
17 market, but shall, when possible, be based on at least three competitive  
18 bids. Such bids shall be solicited by sending notice to prospective  
19 suppliers and by posting notice on a public bulletin board within [said]  
20 the Department of Mental Retardation. Each bid shall be opened  
21 publicly at the time stated in the notice soliciting such bid. Acceptance  
22 of a bid by [said] the Department of Mental Retardation shall be based  
23 on standard specifications as may be adopted by [said] the  
24 department.

25 Sec. 3. Section 17a-217 of the general statutes is repealed and the  
26 following is substituted in lieu thereof:

27 (a) The Department of Mental Retardation shall develop [day-care]  
28 day care programs, [day-camp] day camp programs and recreational  
29 programs for [mentally retarded] children and adults with mental  
30 retardation. Any nonprofit organization which establishes or  
31 maintains [day-care] day care programs, [day-camp] day camp  
32 programs or recreational programs for [mentally retarded] children or  
33 adults with mental retardation may apply to the Department of Mental  
34 Retardation for funds to be used to assist in establishing, maintaining  
35 or expanding such programs. For the purposes of this section: (1) A  
36 [day-care] day care program (A) may provide for the care and training  
37 of preschool age children to enable them to achieve their maximum  
38 social, physical and emotional potential; (B) may provide [mentally  
39 retarded] adolescents and adults with mental retardation with an  
40 activity program which includes training in one or more of the  
41 following areas: (i) Self-care, (ii) activities of daily living, (iii) personal  
42 and social adjustment, (iv) work habits, and (v) skills, speech and

43 language development; (2) a [day-camp] day camp program may  
44 provide [mentally retarded] children or adults with mental retardation  
45 with a supervised program of out-of-doors activities which may be  
46 conducted during all or part of the months of June, July, August and  
47 September; [,] and (3) a recreational program may provide planned  
48 and supervised recreational activities for [mentally retarded] children  
49 or adults with mental retardation, which activities may be of a social,  
50 athletic or purely diversionary nature and which programs shall be  
51 considered separate and apart from the [day-camp] day camp program  
52 described in subdivision (2) of this subsection.

53 (b) No grant made under this section to assist in establishing,  
54 maintaining or expanding any [of the above programs under the  
55 provisions] program set forth in subsection (a) of this section shall  
56 exceed the ordinary and recurring annual operating expenses of such  
57 program, nor shall any grant be made to pay for all or any part of  
58 capital expenditures. The Department of Mental Retardation shall: (1)  
59 Define minimum requirements to be met by each program in order to  
60 be eligible to receive funds as provided for by this section in regard to  
61 qualification and number of staff members and program operation,  
62 including, but not limited to, physical plant and record keeping; (2)  
63 establish procedures to be used in making application for such funds;  
64 and [provide] (3) adopt regulations, in accordance with chapter 54,  
65 governing the granting of funds to assist in the establishment of [day-  
66 care] day care programs, [day-camp] day camp programs and  
67 recreational programs for [the mentally retarded] persons with mental  
68 retardation. Upon receipt of proper application, the Department of  
69 Mental Retardation, within available appropriations, may grant such  
70 funds, provided the plans for financing and the standards of operation  
71 of such programs shall be approved by [said] the department in  
72 accordance with the provisions of this section. For the purpose of  
73 developing such programs, [said] the department may accept grants  
74 from the federal government, a municipality or any other source.

75 Sec. 4. Section 17a-219a of the general statutes is repealed and the  
76 following is substituted in lieu thereof:

77 [For the purposes of] As used in this section and sections 17a-219b  
78 and 17a-219c, as amended by this act:

79 [(a)] (1) "Children with disabilities" means any child with a physical,  
80 emotional or mental impairment under the age of eighteen years who  
81 [(1)] (A) if under the age of five, has a severe disability and substantial  
82 developmental delay, or a specific diagnosed condition with a high  
83 probability of resulting in a developmental delay, [or (2)] (B) has a  
84 moderate, severe or profound educational disability, or [(3)] (C)  
85 otherwise meets the definition of developmental disabilities in the  
86 federal Developmental Disabilities Act, Section 102(5), as codified in 24  
87 USC [Section] 6001(5).

88 [(b)] (2) "Family" means a child with a disability and [(1)] (A) one or  
89 more biological or adoptive parents, [or (2)] (B) one or more persons to  
90 whom legal custody has been given and in whose home the child  
91 resides, or [(3)] (C) other adult family members who reside with and  
92 have a primary responsibility for providing continuous care to a child  
93 with a disability.

94 [(c)] (3) "Family support services" means services, cash subsidies,  
95 and goods which enhance the ability of all children with disabilities to  
96 grow within their families, to reduce the emotional and financial costs  
97 to families who care at home for children with disabilities, and to assist  
98 families of children with disabilities to find the supports, services and  
99 assistance to lead lives in their communities.

100 Sec. 5. Subsection (a) of section 17a-219c of the general statutes is  
101 repealed and the following is substituted in lieu thereof:

102 (a) There is established a Family Support Council to assist the  
103 Department of Mental Retardation and other state agencies that

104 administer or fund family support services to act in concert and,  
105 within available appropriations, to (1) establish a comprehensive,  
106 coordinated system of family support services, (2) use existing state  
107 and other resources efficiently and effectively as appropriate for such  
108 services, (3) identify and address [, within available appropriations,]  
109 services that are needed for families of children with disabilities, and  
110 (4) promote state-wide availability of such services. The council shall  
111 consist of twenty-seven voting members including the Commissioners  
112 of Public Health, Mental Retardation, Children and Families,  
113 Education [,] and Social Services, or their designees, the Child  
114 Advocate, the executive director of the Office of Protection and  
115 Advocacy for Persons with Disabilities, the [chair] chairperson of the  
116 State Interagency Birth-to-Three Coordinating Council, as established  
117 pursuant to [sections 17a-248, 17a-248b to 17a-248g, inclusive, 38a-490a  
118 and 38a-516c] section 17a-248b, the executive director of the  
119 Commission on Children, and family members of, or individuals who  
120 advocate for, children with disabilities. The family members or  
121 individuals who advocate for children with disabilities shall comprise  
122 two-thirds of the council and shall be appointed as follows: Six by the  
123 Governor, three by the president pro tempore of the Senate, two by the  
124 majority leader of the Senate, one by the minority leader of the Senate,  
125 three by the speaker of the House of Representatives, two by the  
126 majority leader of the House of Representatives and one by the  
127 minority leader of the House of Representatives. [The initial  
128 appointments to the council shall be made on or before September 1,  
129 1994.] Members shall be appointed for a term of four years. Members  
130 shall be limited to two consecutive terms. The council shall meet at  
131 least quarterly and shall select its own chairperson. [The initial  
132 meeting of the council shall be convened before October 1, 1994.]  
133 Council members shall serve without compensation but shall be  
134 reimbursed for necessary expenses incurred. The costs of  
135 administering the council shall be within available appropriations in  
136 accordance with sections 17a-219a to 17a-219c, inclusive, as amended

137 by this act.

138       Sec. 6. Section 17a-220 of the general statutes is repealed and the  
139 following is substituted in lieu thereof:

140       As used in this section and sections 17a-221 to 17a-225, inclusive:

141       [(a)] (1) "Borrower" means an organization which has received a  
142 loan pursuant to this section and sections 17a-221 to 17a-225, inclusive;

143       [(b)] (2) "Capital loan agreement" means an agreement, in the form  
144 of a written contract, between the department and the organization  
145 which sets forth the terms and conditions applicable to the awarding  
146 of a community residential facility loan;

147       [(c)] (3) "Certification" or "certified" means certification by the  
148 Department of Public Health as an intermediate care facility for the  
149 mentally retarded pursuant to standards set forth in the rules and  
150 regulations published in Title 42, Part 442, Subpart G of the Code of  
151 Federal Regulations;

152       [(d)] (4) "Community-based" [refers to] means those programs or  
153 facilities which are not located on the grounds of, or operated by, the  
154 department;

155       [(e)] (5) "Community residential facility" means a community-based  
156 residential facility which houses up to six [mentally retarded or  
157 autistic] persons with mental retardation or autism and which  
158 provides food, shelter, personal guidance and, to the extent necessary,  
159 continuing health-related services and care for persons requiring  
160 assistance to live in the community, provided any such facilities in  
161 operation on July 1, 1985, which house more than six [mentally  
162 retarded or autistic] persons with mental retardation or autism shall be  
163 eligible for loans for rehabilitation under this section and sections 17a-  
164 221 to 17a-225, inclusive. Such facility shall be licensed and may be  
165 certified;

166 [(f)] (6) "Community Residential Facility Revolving Loan Fund"  
167 means the loan fund established pursuant to section 17a-221;

168 [(g)] (7) "Default" means the failure of the borrower to observe or  
169 perform any covenant or condition under the capital loan agreement  
170 and includes the failure to meet any of the conditions specified in  
171 section 17a-223;

172 [(h)] (8) "Department" means the Department of Mental Retardation;

173 [(i)] (9) "Loan" means a community residential facilities loan which  
174 shall bear an interest rate to be determined in accordance with  
175 subsection (t) of section 3-20, but in no event in excess of six per cent  
176 per annum, and is made pursuant to the provisions of this section and  
177 sections 17a-221 to 17a-225, inclusive;

178 [(j)] (10) "Licensed" or "licensure" means licensure by the  
179 department pursuant to section 17a-227;

180 [(k)] (11) "Organization" means a private nonprofit corporation  
181 which is (A) tax-exempt under Section 501(c)(3) of the Internal  
182 Revenue Code [ is] of 1986, or any subsequent corresponding internal  
183 revenue code of the United States, as from time to time amended, (B)  
184 qualified to do business in this state, and [is] (C) applying for a loan  
185 under the community residential facility revolving loan program;

186 [(l)] (12) "Rehabilitate" or "rehabilitation" means rehabilitation of a  
187 previously existing and operating community residential facility to  
188 meet physical plant requirements for licensure, certification or Fire  
189 Safety Code compliance or to make energy conservation  
190 improvements;

191 [(m)] (13) "Renovate" or "renovation" means renovation of a newly  
192 acquired residential facility to meet physical plant requirements for  
193 licensure, certification or Fire Safety Code compliance or to make  
194 energy conservation improvements;

195 [(n)] (14) "Total property development cost" means the cost of  
196 property acquisition, construction, renovation or rehabilitation and  
197 related development costs which may be capitalized under generally  
198 accepted accounting principles, including furnishings and equipment,  
199 provided in no case may the total property development cost of a  
200 residential facility financed pursuant to this section and sections 17a-  
201 221 to 17a-225, inclusive, exceed the total residential development  
202 amount approved by the Department of Social Services in accordance  
203 with sections 17a-228 and 17b-244, and the regulations adopted  
204 thereunder; and

205 [(o)] (15) "Capital repairs and improvements" means major repairs  
206 and improvements to an existing community residential facility to  
207 maintain the physical plant and property of such facility, which repairs  
208 and improvements are reimbursable under the room and board rates  
209 established by the Department of Social Services in accordance with  
210 section 17b-244 and may be capitalized in accordance with generally  
211 accepted accounting principles.

212 Sec. 7. Section 17a-231 of the general statutes is repealed and the  
213 following is substituted in lieu thereof:

214 [The following words and phrases, as] As used in this section and  
215 sections 17a-232 to 17a-237, inclusive, [shall have the following  
216 meanings,] unless the context otherwise requires:

217 [(a)] (1) "Residential facility for mentally retarded persons" means a  
218 residential facility for [the mentally retarded] persons with mental  
219 retardation that is licensed, or required to be licensed, pursuant to  
220 section 17a-227;

221 [(b)] (2) "Emergency" means a situation, physical condition or one or  
222 more practices, methods or operations which present imminent danger  
223 of death or serious physical or mental harm to residents of [such] a  
224 residential facility for mentally retarded persons;



225 [(c)] (3) "Transfer trauma" means the medical and psychological  
226 reactions to physical transfer that increase the risk of death, or grave  
227 illness, or both, in [mentally retarded] persons with mental retardation;

228 [(d)] (4) "Substantial violation" means a violation of regulations  
229 [established] adopted pursuant to section 17a-227 which presents a  
230 reasonable likelihood of serious physical or mental harm to residents  
231 of [such] a residential facility for mentally retarded persons; and

232 [(e)] (5) "Habitual violation" means a violation of regulations  
233 [established] adopted pursuant to section 17a-227 which, due to its  
234 repetition, presents a reasonable likelihood of serious physical or  
235 mental harm to residents of [such] a residential facility for mentally  
236 retarded persons.

237 Sec. 8. Section 17a-238 of the general statutes is repealed and the  
238 following is substituted in lieu thereof:

239 (a) No person placed or treated under the direction of the  
240 Commissioner of Mental Retardation in any public or private facility  
241 shall be deprived of any personal, property or civil rights, except in  
242 accordance with due process of law.

243 (b) Each person placed or treated under the direction of the  
244 Commissioner of Mental Retardation in any public or private facility  
245 shall be protected from harm and receive humane and dignified  
246 treatment which is adequate for [his] such person's needs and for [his]  
247 the development [to his] of such person's full potential at all times,  
248 with full respect for [his] such person's personal dignity and right to  
249 privacy consistent with [his] such person's treatment plan as  
250 determined by the commissioner. No treatment plan or course of  
251 treatment for any person placed or treated under the direction of the  
252 commissioner shall include the use of an aversive device which has not  
253 been tested for safety and efficacy and approved by the federal Food  
254 and Drug Administration except for any treatment plan or course of

255 treatment including the use of such devices which was initiated prior  
256 to October 1, 1993. No treatment plan or course of treatment prescribed  
257 for any person placed or treated under the direction of the  
258 commissioner shall include the use of aversive procedures except in  
259 accordance with procedures established by the Commissioner of  
260 Mental Retardation. For purposes of this subsection, "aversive  
261 procedure" means the contingent use of an event which may be  
262 unpleasant, noxious or otherwise cause discomfort to alter the  
263 occurrence of a specific behavior or to protect an individual from  
264 injuring himself or herself or others and may include the use of  
265 physical isolation and mechanical and physical restraint. Nothing in  
266 this subsection shall prohibit persons who are not placed or treated  
267 under the direction of the Commissioner of Mental Retardation from  
268 independently pursuing and obtaining any treatment plan or course of  
269 treatment as may otherwise be authorized by law. The commissioner  
270 shall adopt regulations, in accordance with chapter 54, to carry out the  
271 provisions of this subsection.

272 (c) The Commissioner of Mental Retardation shall adopt  
273 regulations, in accordance with the provisions of [sections 4-166 to 4-  
274 176, inclusive] chapter 54, with respect to each facility or institution  
275 under [his] the jurisdiction of the commissioner, with regard to the  
276 following: (1) Prohibiting the use of corporal punishment; (2) when  
277 and by whom therapies may be used; (3) which therapies may be used;  
278 and (4) when a person may be placed in restraint or seclusion or when  
279 force may be used upon a person.

280 (d) A copy of any order prescribing the use of therapy, restraint or  
281 seclusion in accordance with the regulations adopted [in] under  
282 subsection (c) of this section shall be made a part of the person's  
283 permanent clinical record together with the reasons for each such  
284 order and made available in compliance with existing statutes relating  
285 to the right to know.

286 (e) The Commissioner of Mental Retardation shall ensure that each  
287 person placed or treated under [his] the commissioner's direction in  
288 any public or private facility is afforded the following rights and  
289 privileges: (1) The right to prompt, sufficient and appropriate medical  
290 and dental treatment; (2) the right to communicate freely and privately  
291 with any person, including, but not limited to, an attorney or other  
292 legal representative of [his] the person's choosing; (3) the right to  
293 reasonable access to a telephone, both to make and receive calls in  
294 private, unless such access is used in violation of any federal or state  
295 statute; (4) the right to send and receive unopened mail and to make  
296 reasonable requests for assistance in the preparation of  
297 correspondence; (5) the safety of each person's personal effects shall be  
298 assured including the provision of reasonably accessible individual  
299 storage space; (6) the right to be free from unnecessary or excessive  
300 physical restraint; (7) the right to voice grievances without  
301 interference; (8) the right to a nourishing and well-balanced diet; (9)  
302 the right to be employed outside a facility and to receive assistance in  
303 his or her efforts to secure suitable employment. The department shall  
304 encourage the employment of such persons and shall promote the  
305 training of such persons for gainful employment, and all benefits of  
306 such employment shall accrue solely to the person employed; (10) the  
307 right to have the complete record maintained by the Department of  
308 Mental Retardation concerning such person released for review,  
309 inspection and copying to such person's attorney or other legal  
310 representative notwithstanding any provisions of subsection (g) of  
311 section 4-193 or section 4-194; and (11) the right to receive or purchase  
312 his or her own clothing and personal effects, including toilet articles,  
313 and the right to wear such clothing and use such personal effects  
314 except where determined to be dangerous to the health or safety of the  
315 individual or others.

316 (f) The Commissioner of Mental Retardation shall require the  
317 attending physician of any person placed or treated under [his] the  
318 direction of the commissioner to obtain informed written consent from

319 the following persons prior to authorizing any surgical procedure or  
320 any medical treatment, excluding routine medical treatment which is  
321 necessary to maintain the general health of a resident or to prevent the  
322 spread of any communicable disease: (1) The resident if [he] such  
323 resident is eighteen years of age or over or is legally emancipated and  
324 competent to give such consent; (2) the parent of a resident under  
325 eighteen years of age who is not legally emancipated; or (3) the legal  
326 guardian or conservator of a resident of any age who is adjudicated  
327 unable to make informed decisions about matters relating to [his] such  
328 resident's medical care. The person whose consent is required shall be  
329 informed of the nature and consequences of the particular treatment or  
330 surgical procedure, the reasonable risks, benefits and purpose of such  
331 treatment or surgical procedure and any alternative treatment or  
332 surgical procedures which are available. The consent of any resident or  
333 of any parent, guardian or conservator of any resident may be  
334 withdrawn at any time prior to the commencement of the treatment or  
335 surgical procedure. The director of any facility may authorize  
336 necessary surgery for any resident where, in the opinion of the  
337 resident's attending physician, the surgery is of an emergency nature  
338 and there is insufficient time to obtain the required written consent  
339 provided for in this section. The attending physician shall prepare a  
340 report describing the nature of the emergency which necessitated such  
341 surgery and shall file a copy of such report in the patient's record.

342 (g) The commissioner's oversight and monitoring of the medical  
343 care of persons placed or treated under the direction of the  
344 commissioner does not include the authority to make treatment  
345 decisions, except in limited circumstances in accordance with statutory  
346 procedures. In the exercise of such oversight and monitoring  
347 responsibilities, the commissioner shall not impede or seek to impede a  
348 properly executed medical order to withhold cardiopulmonary  
349 resuscitation. For purposes of this subsection, [a] "properly executed  
350 medical order to withhold cardiopulmonary resuscitation" means (1) a  
351 written order by the attending physician; (2) in consultation and with

352 the consent of the patient or a person authorized by law; (3) when the  
353 attending physician is of the opinion that the patient is in a terminal  
354 condition, as defined in [subsection] subdivision (3) of section 19a-570,  
355 which condition will result in death within days or weeks; and (4)  
356 when such physician has requested and obtained a second opinion  
357 from a Connecticut licensed physician in the appropriate specialty that  
358 confirms the patient's terminal condition; [. A "properly executed  
359 medical order to withhold cardiopulmonary resuscitation" also] and  
360 includes the entry of such an order when the attending physician is of  
361 the opinion that the patient is in the final stage of a terminal condition  
362 but cannot state that the patient may be expected to expire during the  
363 next several days or weeks, or, in consultation with a physician  
364 qualified to make a neurological diagnosis, deems the patient to be  
365 permanently unconscious, provided the commissioner has reviewed  
366 the decision with the department's director of community medical  
367 services, the family and guardian of the patient and others who the  
368 commissioner deems appropriate, and determines that the order is a  
369 medically acceptable decision.

370 (h) Any person applying for services from the Commissioner of  
371 Mental Retardation or any person placed by a probate court under the  
372 direction of the Commissioner of Mental Retardation, and such  
373 person's parents or guardian, shall be informed orally and in writing at  
374 the time of application or placement of the rights guaranteed by this  
375 section and the provisions of subdivision (5) of section 46a-11. A  
376 summary of [these] such rights shall be posted conspicuously in the  
377 public areas of every public or private facility providing services to  
378 persons under the care of the Commissioner of Mental Retardation.

379 Sec. 9. Section 17a-240 of the general statutes is repealed and the  
380 following is substituted in lieu thereof:

381 (a) The Commissioner of Mental Retardation shall, within available  
382 appropriations, operate a school district within the Department of

383 Mental Retardation, to [provide educational services to those persons  
384 eligible to receive services as defined in section 17a-239. The school  
385 district shall] be known as State of Connecticut-Unified School District  
386 #3. The school district shall provide educational services to persons  
387 eligible to receive services from State of Connecticut-Unified School  
388 District #3. The school district shall operate on a twelve-month  
389 calendar to provide uninterrupted educational programming. There  
390 shall be an education council for [said] the school district within the  
391 Department of Mental Retardation which shall be composed of seven  
392 members to be appointed by the Commissioner of Mental Retardation  
393 as follows: One member from each of the six regions within the  
394 Department of Mental Retardation and one member from the Council  
395 on Mental Retardation. The term of each member shall be coterminous  
396 with the term of the Governor. The members of [said] the education  
397 council shall be persons with a demonstrated interest in and concern  
398 for infants and toddlers with developmental delays, and shall not be  
399 employees of the Department of Mental Retardation or the [state]  
400 Department of Education. The education council shall annually elect a  
401 [chairman] chairperson and a secretary from its membership. [Said]  
402 The education council shall meet at least four times a year or at such  
403 other times as the [chairman] chairperson deems necessary.

404 (b) The education council for the school district within the  
405 Department of Mental Retardation shall (1) be responsible for planning  
406 and maintaining such appropriate educational programs as [it] the  
407 education council deems necessary or advisable in the interests of the  
408 persons benefiting [therefrom, shall] from such programs, (2) make a  
409 continuing study of the educational needs of seriously retarded  
410 persons in the state and [will do] conduct such planning as is  
411 necessary to meet their needs, and [will] (3) report annually to the  
412 Commissioner of Mental Retardation regarding the progress and  
413 accomplishments of the school district.

414 Sec. 10. Section 17a-242 of the general statutes is repealed and the

415 following is substituted in lieu thereof:

416 The Commissioner of Mental Retardation, together with the  
417 superintendent and education council of the school district, shall  
418 annually evaluate the progress and accomplishments of [said] the  
419 school district. [Said commissioner] The Commissioner of Mental  
420 Retardation shall (1) submit annual evaluation reports to the  
421 Commissioner of Education in order to apprise the State Board of  
422 Education of the condition, progress and needs of [said] the school  
423 district, [. Said commissioner shall] and (2) follow procedures adopted  
424 by the Commissioner of Education in preparation of such annual  
425 evaluation reports.

426 Sec. 11. Section 17a-247 of the general statutes is repealed and the  
427 following is substituted in lieu thereof:

428 (a) Any employee of the Department of Mental Retardation  
429 appointed as a guardian or limited guardian pursuant to subsection  
430 [(e)] (f) of section 45a-676 shall exercise judgment, independent of the  
431 department, for the benefit and best interests of [his] the ward.

432 (b) The Department of Mental Retardation shall not take or threaten  
433 to take any action against any [such] employee of the department in  
434 retaliation for such employee's conduct as a guardian or limited  
435 guardian of a mentally retarded person.

436 Sec. 12. Section 17a-277 of the general statutes is repealed and the  
437 following is substituted in lieu thereof:

438 The director of any state training school, regional facility or other  
439 facility for the care and training of [the mentally retarded] persons  
440 with mental retardation may place any [mentally retarded] resident  
441 with mental retardation committed or admitted to such training  
442 school, regional facility or other facility provided for the care and  
443 training of [the mentally retarded] persons with mental retardation,

444 under the provisions of sections 17a-210 to 17a-247, inclusive, as  
445 amended by this act, and 17a-273, in a private boarding home, group  
446 home or other residential facility to be cared for in accordance with the  
447 following conditions:

448 (1) Such [person] resident shall, despite such transfer, remain  
449 subject to the control of the director of such training school, regional  
450 facility or other facility provided for the care and training of [the  
451 mentally retarded, and such] persons with mental retardation and the  
452 director may, at any time, order and provide for the return of any such  
453 resident to such training school, regional facility or other facility  
454 provided for the care and training of [the mentally retarded] persons  
455 with mental retardation, subject to any limitations of the term of  
456 commitment contained in the order of commitment under which such  
457 resident was committed;

458 (2) When the transfer of any such [person] resident has been  
459 authorized or when, having been transferred to a private boarding  
460 home, group home or other residential facility for [mentally retarded]  
461 persons with mental retardation, such [person] resident has been  
462 returned to the training school, regional facility or other facility, the  
463 director of such training school, regional facility or other facility shall  
464 forthwith so notify the Commissioner of Mental Retardation;

465 (3) Such private boarding home, group home or other residential  
466 facility shall be licensed by the [state] Department of Mental  
467 Retardation, the Department of Children and Families or the  
468 Department of Public Health under such regulations as [said  
469 departments adopt; and] the departments adopt, in accordance with  
470 chapter 54; and

471 (4) The Commissioner of Mental Retardation shall, upon request, be  
472 given access to the complete record of any [person] resident placed in a  
473 private boarding home, group home or other residential facility  
474 pursuant to this section.



475       Sec. 13. Section 17a-453 of the general statutes is repealed and the  
476 following is substituted in lieu thereof:

477       The [state] Department of Mental Health and Addiction Services is  
478 designated as the state agency to administer the Mental Health Act as  
479 authorized under Public Law 487 of the 79th Congress, as from time to  
480 time amended, and shall receive and distribute federal and state funds  
481 which become available for mental health services under said act.

482       Sec. 14. Section 17a-457 of the general statutes is repealed and the  
483 following is substituted in lieu thereof:

484       (a) The Board of Mental Health and Addiction Services shall meet  
485 monthly with the Commissioner of Mental Health and Addiction  
486 Services to review with [him] the commissioner and advise [him] the  
487 commissioner on programs, policies and plans of the Department of  
488 Mental Health and Addiction Services.

489       (b) The board shall advise the Governor concerning candidates for  
490 the position of Commissioner of Mental Health and Addiction  
491 Services.

492       (c) The board may issue periodic reports to the Governor and the  
493 Commissioner of Mental Health and Addiction Services.

494       (d) The board shall select a [chairman] chairperson and other  
495 officers from its membership and may establish rules governing its  
496 internal procedures.

497       (e) Members of the board may examine the files and records of the  
498 central office of the Department of Mental Health and Addiction  
499 Services at any time and, upon reasonable notice, of state-operated  
500 facilities for the treatment of persons with psychiatric disabilities or  
501 substance abuse disabilities.

502       (f) The board shall advise and assist the Commissioner of Mental

503 Health and Addiction Services on program development and  
504 community mental health or substance abuse center construction  
505 planning.

506 (g) The board is designated and shall serve as the state advisory  
507 council to consult with the [state] Department of Mental Health and  
508 Addiction Services in administering the state's mental health and  
509 substance abuse programs.

510 (h) The board may, from time to time, appoint nonmembers to serve  
511 on such ad hoc advisory committees as it deems necessary to assist  
512 with its functions.

513 Sec. 15. Subsection (a) of section 19a-7b of the general statutes is  
514 repealed and the following is substituted in lieu thereof:

515 (a) There is established a Health Care Access Commission, within  
516 the legislative department, which shall be comprised of: [The  
517 Commissioners of Public Health and Social Services, the Insurance  
518 Commissioner, the chairman of the Office of Health Care Access,] (1)  
519 The Commissioner of Public Health; (2) the Commissioner of Social  
520 Services; (3) the Insurance Commissioner; (4) the Commissioner of  
521 Health Care Access; (5) three members appointed by the president pro  
522 tempore of the Senate, one of whom shall be a member of the joint  
523 standing committee of the General Assembly having cognizance of  
524 matters relating to public health, one of whom shall represent  
525 community health centers and one of whom shall represent mental  
526 health services; (6) two members appointed by the majority leader of  
527 the Senate, one of whom shall represent commercial insurance  
528 companies and one of whom shall represent the disabled; (7) three  
529 members appointed by the minority leader of the Senate, one of whom  
530 shall be a member of the joint standing committee of the General  
531 Assembly having cognizance of matters relating to appropriations and  
532 the budgets of state agencies, one of whom shall represent Blue Cross  
533 and Blue Shield of Connecticut, Inc. [,] and one of whom shall

534 represent small business; (8) three members appointed by the speaker  
535 of the House of Representatives, one of whom shall be a member of the  
536 joint standing committee of the General Assembly having cognizance  
537 of matters relating to human services, one of whom shall represent  
538 consumers and one of whom shall represent labor; (9) two members  
539 appointed by the majority leader of the House of Representatives, one  
540 of whom shall represent large business and one of whom shall  
541 represent children; and (10) three members appointed by the minority  
542 leader of the House of Representatives, one of whom shall be a  
543 member of the joint standing committee of the General Assembly  
544 having cognizance of matters relating to insurance, one of whom shall  
545 represent hospitals and one of whom shall be a pediatric primary care  
546 physician. All members of the commission may be represented by  
547 designees.

548 Sec. 16. Section 19a-73 of the general statutes is repealed and the  
549 following is substituted in lieu thereof:

550 The medical records of each hospital, as defined in [subsection (b)  
551 of] section 19a-490, for each patient who has been newly diagnosed as  
552 having contracted cancer shall include a complete occupational history  
553 of such patient. [Not later than October 1, 1980, the] The Commissioner  
554 of Public Health shall adopt regulations, [defining occupational  
555 history] in accordance with the provisions of chapter 54, to define  
556 occupational history.

557 Sec. 17. Section 19a-176 of the general statutes is repealed and the  
558 following is substituted in lieu thereof:

559 The Department of Public Health shall be the lead agency for the  
560 state's emergency medical services program and shall be responsible  
561 for the planning, coordination and administration of a state-wide  
562 emergency medical care service system. The [Commissioner of Public  
563 Health] commissioner shall set policy and establish state-wide  
564 priorities for emergency medical services utilizing the services of the

565 [state] Department of Public Health and the emergency medical  
566 services councils, as established by section 19a-183.

567 Sec. 18. Section 19a-314a of the general statutes is repealed and the  
568 following is substituted in lieu thereof:

569 (a) As used in this section, [ "Cemetery"] "cemetery" means any  
570 place performing interments on or after October 1, 1995.

571 (b) Each town, ecclesiastical society or cemetery association which  
572 owns, manages or controls a cemetery shall disclose to each consumer,  
573 in writing at the time of the sale of any item or service, any dispute  
574 resolution procedure of such town, ecclesiastical society or cemetery  
575 association. The written disclosure shall also indicate that the  
576 consumer may contact the [state] Department of Public Health or local  
577 public health director if [he] the consumer has any complaints which  
578 concern violations of sections 7-64 to 7-72, inclusive, 19a-310 and 19a-  
579 311.

580 Sec. 19. Section 19a-355 of the general statutes is repealed and the  
581 following is substituted in lieu thereof:

582 [Certain terms, when used in this chapter, are defined as follows] (a)  
583 As used in this chapter, unless the context otherwise requires:

584 (1) [A "tenement house"] "Tenement house" means any house or  
585 building, or portion thereof, which is rented, leased, let or hired out to  
586 be occupied, or is arranged or designed to be occupied, or is occupied,  
587 as the home or residence of three or more families, living  
588 independently of each other, and doing their cooking upon the  
589 premises, and having a common right in the halls, stairways or yards;

590 (2) [A "lodging house"] "Lodging house" or "boarding house" means  
591 any house or building or portion thereof, in which six or more persons  
592 are harbored, received or lodged for hire, or any building or part  
593 thereof, which is used as a sleeping place or lodging for six or more

594 persons not members of the family residing therein;

595 (3) [An "apartment"] "Apartment" means a room or suite of rooms  
596 occupied or designed to be occupied as a family domicile;

597 (4) [A "yard"] "Yard" means an open, unoccupied space, on the same  
598 lot with a tenement, lodging or boarding house, between the rear line  
599 of such house and the rear line of the lot;

600 (5) [A "court"] "Court" means an open, unoccupied space, other than  
601 a yard, on the same lot with a tenement house; [a court not extending  
602 to the street or yard means an inner court; a court extending to the  
603 street or yard means an outer court; if it extends to the street, it means  
604 a street court; if it extends to the yard, it means a yard court;]

605 [(6) A "public hall" means a hall, corridor or passageway not within  
606 an apartment;]

607 [(7) A "basement"] (6) "Basement" means a story partly, but not more  
608 than one-half, below the level of the grade; and

609 [(8) A "cellar"] (7) "Cellar" means a story more than one-half below  
610 the level of the grade. [;]

611 [(9) The] (b) For purposes of this chapter, the word "shall" is  
612 mandatory and not directory, and denotes that the house shall be  
613 maintained in all respects according to the mandate, as long as it  
614 continues to be a tenement house. [;]

615 [(10)] (c) In determining the number of stories in a tenement house,  
616 a basement or an attic shall be counted as a story if it is occupied or  
617 designed to be occupied for living purposes. [;]

618 [(11) "Enforcing agency" means the board of health or other  
619 authority designated to enforce this chapter or a local housing code.]

620 Sec. 20. Section 19a-359 of the general statutes is repealed and the

621 following is substituted in lieu thereof:

622 In each tenement house erected or subdivided after June 30, 1941,  
623 there shall be a water closet in each apartment of two or more rooms.  
624 In each tenement house erected after August 31, 1930, and prior to July  
625 1, 1941, there shall be a water closet in each apartment of three or more  
626 rooms and at least one water closet for each two apartments of less  
627 than three rooms each. Each water closet shall be in a separate  
628 compartment or bathroom, upon the same floor with the apartment  
629 which it accommodates. Each bathroom, toilet room or other room  
630 containing one or more water closets or urinals, which is placed in any  
631 building, shall be at all times provided with adequate lighting and  
632 shall be ventilated in at least one of the following ways: [(a)] (1) By a  
633 window opening directly upon a street or other open public space or  
634 upon a court located on the same lot as the building, and having,  
635 between stop beads, an area not less than ten per cent of the floor area  
636 nor less than three square feet in any case and a width of not less than  
637 one foot; [(b)] (2) by a window of the size specified in [subsection (a)]  
638 subdivision (1) of this section, or a register, opening on a vent shaft  
639 which extends to and through the roof or into a court conforming to  
640 the requirements of this section for courts and which has a cross-  
641 sectional area of not less than one-fifth of a square foot for each foot of  
642 height but not less than nine square feet and a width of not less than  
643 sixteen inches in any case, and, unless open to the outer air at the top, a  
644 net area of louvre openings in the skylight equal to the maximum  
645 required shaft area; [(c)] (3) by an individual vent flue or duct  
646 extending independently of any other flue or duct to and above the  
647 roof and having a cross-sectional area of not less than one square foot  
648 for two or fewer water closets or urinal fixtures and one-third of a  
649 square foot additional for each additional water closet or urinal fixture;  
650 [(d)] (4) by a skylight in the ceiling, having a glazed surface of not less  
651 than three square feet and arranged so as to provide ventilating  
652 openings of not less than three square feet to the outer air above the  
653 roof of the building or into a court conforming to the requirements of

654 this section for courts, for two or fewer water closets or urinal fixtures  
655 and two square feet additional for each additional water closet or  
656 urinal fixture; or [(e)] (5) by some approved system of mechanical  
657 exhaust ventilation of sufficient capacity to provide not less than four  
658 changes of air per hour. Each vent shaft in a tenement house erected  
659 after August 31, 1930, shall be constructed of fire-proof material. Not  
660 more than two water closets or bathrooms shall open upon such a  
661 shaft on one floor of a tenement house, and no two water closet or  
662 bathroom windows opening upon such shaft on the same floor shall be  
663 opposite each other.

664 Sec. 21. Subsection (b) of section 19a-401 of the general statutes is  
665 repealed and the following is substituted in lieu thereof:

666 (b) The commission shall adopt regulations, in accordance with  
667 chapter 54, as necessary or appropriate to carry out effectively the  
668 administrative provisions of this chapter.

669 Sec. 22. Section 19a-420 of the general statutes is repealed and the  
670 following is substituted in lieu thereof:

671 As used in this chapter:

672 [(a)] (1) "Youth camp" means any regularly scheduled program or  
673 organized group activity advertised as a camp or operated by a  
674 person, partnership, corporation, association, the state or a municipal  
675 agency for recreational or educational purposes and accommodating  
676 for profit or under philanthropic or charitable auspices five or more  
677 children, under eighteen years of age, who are [(1)] (A) not bona fide  
678 personal guests in the private home of an individual, and [(2)] (B)  
679 living apart from their relatives, parents or legal guardian, for a period  
680 of three days or more per week or portions of three or more days per  
681 week, provided any such relative, parent or guardian who is an  
682 employee of such camp shall not be considered to be in the position of  
683 loco parentis to [his] such employee's child for the purposes of this

chapter, but does not include schools which operate a summer educational program or licensed day care centers;

[(b)] (2) "Resident camp" means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children for at least seventy-two consecutive hours and in which the campers attending such camps eat and sleep;

[(c)] (3) "Day camp" means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children during daylight hours for at least three days a week with the campers eating and sleeping at home, except for one meal per day, but does not include programs operated by a municipal agency;

[(d)] (4) "Person" means any individual, partnership, association, organization, limited liability company or corporation;

[(e)] (5) "Commissioner" means the Commissioner of Public Health; and

[(f)] (6) "Department" means the Department of Public Health.

Sec. 23. Section 19a-421 of the general statutes is repealed and the following is substituted in lieu thereof:

No person shall establish, conduct or maintain a youth camp without a license issued by the [Department of Public Health] department. Applications for such license shall be made in writing at least thirty days prior to the opening of the youth camp on forms provided and in accordance with procedures established by the [Commissioner of Public Health] commissioner and shall be accompanied by a fee of six hundred fifty dollars or, if the applicant is



713 a nonprofit, nonstock corporation or association, a fee of two hundred  
714 fifty dollars or, if the applicant is a day camp affiliated with a nonprofit  
715 organization, for no more than five days duration and for which labor  
716 and materials are donated, no fee. All such licenses shall be valid for a  
717 period of one year from the date of issuance unless surrendered for  
718 cancellation or suspended or revoked by the commissioner for  
719 violation of this chapter or any regulations [promulgated hereunder]  
720 adopted under section 19a-428 and shall be renewable upon payment  
721 of a six-hundred-fifty-dollar license fee or, if the licensee is a nonprofit,  
722 nonstock corporation or association, a two-hundred-fifty-dollar license  
723 fee or, if the applicant is a day camp affiliated with a nonprofit  
724 organization, for no more than five days duration and for which labor  
725 and materials are donated, no fee.

726 Sec. 24. Section 19a-422 of the general statutes is repealed and the  
727 following is substituted in lieu thereof:

728 To be eligible for the issuance or renewal of a youth camp license  
729 pursuant to this chapter, the camp shall satisfy the following  
730 requirements: [(a)] (1) The location of the camp shall be such as to  
731 provide adequate surface drainage and afford facilities for obtaining a  
732 good water supply; [(b)] (2) each dwelling unit, building and structure  
733 shall be maintained in good condition, suitable for the use to which it  
734 is put, and shall present no health or fire hazard as so certified, within  
735 ninety days of such application, by the [Department of Public Health]  
736 department or State Fire Marshal, as the case may be; [(c)] (3) there  
737 shall be an adequate and competent staff, which includes the camp  
738 director, activities specialists, counselors and maintenance personnel,  
739 of good character and reputation; [(d)] (4) all hazardous activities,  
740 including, but not limited to, archery, aquatics, horseback riding and  
741 firearms instruction, shall be supervised by a qualified activities  
742 specialist who has adequate experience and training in [his] such  
743 specialist's area of specialty; [(e)] (5) the staff of a resident and  
744 nonresident camp shall at all times include an adult trained in the

745 administration of first aid as required by the commissioner; [(f)] (6)  
746 records of personal data for each camper shall be kept in any  
747 reasonable form the camp director may choose, [including therein] and  
748 shall include (A) the camper's name, age and address, [;] (B) the name,  
749 address and telephone number of the parents or guardian, [;] (C) the  
750 dates of admission and discharge, [;] and [other such] (D) such other  
751 information as the commissioner shall require. Any youth camp  
752 licensed under this chapter shall operate only as the type of camp  
753 authorized by such license. Such camps shall not advertise any service  
754 they are not equipped or licensed to offer. The license shall be posted  
755 in a conspicuous place at camp headquarters and failure to so post the  
756 license shall result in the presumption that the camp is being operated  
757 in violation of this chapter.

758       Sec. 25. Subsection (a) of section 19a-438 of the general statutes is  
759 repealed and the following is substituted in lieu thereof:

760       (a) Application for a license to hold an actual or anticipated  
761 assembly of three thousand or more persons shall be made in writing  
762 to the governing body of the municipality at least thirty days in  
763 advance of such assembly and shall be accompanied by the bond  
764 required by [subdivision (2) (L)] subparagraph (L) of subdivision (2) of  
765 section 19a-437 and the license fee required by subsection (b) of section  
766 19a-436.

767       Sec. 26. Section 19a-491a of the general statutes is repealed and the  
768 following is substituted in lieu thereof:

769       (a) A person seeking a license to establish, conduct, operate or  
770 maintain a nursing home [, as defined in subsection (c) of section 19a-  
771 490,] shall provide the Department of Public Health with the following  
772 information:

773       (1) (A) The name and business address of the owner and a statement  
774 of whether the owner is an individual, partnership, corporation or

775 other legal entity; (B) the names of the officers, directors, trustees, or  
776 managing and general partners of the owner, the names of persons  
777 having a ten per cent or greater ownership interest in the owner, and a  
778 description of each such person's occupation with the owner; and (C) if  
779 the owner is a corporation which is incorporated in another state, a  
780 certificate of good standing from the secretary of state of the state of  
781 incorporation;

782 (2) A description of the relevant business experience of the owner  
783 and of the administrator of the nursing home and evidence that the  
784 administrator has a license issued pursuant to section 19a-514;

785 (3) Affidavits signed by the owner, any of the persons described in  
786 subdivision (1) of this subsection, the administrator, assistant  
787 administrator, the medical director, the director of nursing and  
788 assistant director of nursing disclosing any matter in which such  
789 person has been convicted of a felony, as defined in section 53a-25, or  
790 has pleaded nolo contendere to a felony charge, or has been held liable  
791 or enjoined in a civil action by final judgment, if the felony or civil  
792 action involved fraud, embezzlement, fraudulent conversion or  
793 misappropriation of property; or is subject to an injunction or  
794 restrictive or remedial order of a court of record at the time of  
795 application, within the past five years has had any state or federal  
796 license or permit suspended or revoked as a result of an action brought  
797 by a governmental agency or department, [rising] arising out of or  
798 relating to health care business activity, including, but not limited to,  
799 actions affecting the operation of a nursing home, retirement home,  
800 residential care home or any facility subject to sections 17b-520 to 17b-  
801 535, inclusive, or a similar statute in another state or country;

802 (4) (A) A statement as to whether or not the owner is, or is affiliated  
803 with, a religious, charitable or other nonprofit organization; (B) the  
804 extent of the affiliation, if any; (C) the extent to which the affiliate  
805 organization will be responsible for the financial obligations of the

owner; [,] and (D) the provision of the [federal] Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, if any, under which the owner or affiliate is exempt from the payment of income tax;

(5) The location and a description of other health care facilities of the owner, existing or proposed, and, if proposed, the estimated completion date or dates and whether or not construction has begun; and

(6) If the operation of the nursing home has not yet commenced, a statement of the anticipated source and application of the funds used or to be used in the purchase or construction of the home, including:

(A) An estimate of such costs as financing expense, legal expense, land costs, marketing costs and other similar costs which the owner expects to incur or become obligated for prior to the commencement of operations; and

(B) A description of any mortgage loan or any other financing intended to be used for the financing of the nursing home, including the anticipated terms and costs of such financing.

(b) In addition to the information provided pursuant to subsection (a) of this section, the commissioner may reasonably require an applicant for a nursing home license or renewal of a nursing home license to submit additional information. Such information may include audited and certified financial statements of the owner, including, (1) a balance sheet as of the end of the most recent fiscal year, and (2) income statements for the most recent fiscal year of the owner or such shorter period of time as the owner shall have been in existence.

(c) A person seeking to renew a nursing home license shall furnish the department with any information required under subsection (a) of

835 this section that was not previously submitted and with satisfactory  
836 written proof that the owner of the [facility] nursing home consents to  
837 such renewal, if the owner is different than the person seeking  
838 renewal, and shall provide data on any change in the information  
839 submitted. The commissioner may refuse to issue or renew a nursing  
840 home license if the person seeking renewal fails to provide the  
841 information required under this section.

842 Sec. 27. Section 19a-492 of the general statutes is repealed and the  
843 following is substituted in lieu thereof:

844 The commissioner shall adopt regulations, in accordance with the  
845 provisions of chapter 54, to provide that any person employed on  
846 January 1, 1981, as the administrator of a home health care agency in  
847 this state, [as defined in section 19a-490,] who has been so employed  
848 for a period of at least five years, shall be deemed to be qualified as an  
849 administrator by the [Commissioner of Public Health] commissioner.

850 Sec. 28. Section 19a-492b of the general statutes is repealed and the  
851 following is substituted in lieu thereof:

852 (a) A home health care agency [, as defined in section 19a-490,  
853 which] that receives payment for rendering care to persons receiving  
854 medical assistance from the state, general assistance medical benefits  
855 from a town, assistance from the Connecticut [home care] home-care  
856 program for the elderly [,] pursuant to section 17b-342, or funds  
857 obtained through Title XVIII of the Social Security Amendments of  
858 1965 shall be prohibited from discriminating against such persons who  
859 apply for enrollment to such home health care agency on the basis of  
860 source of payment.

861 (b) Any home health care agency which violates the provisions of  
862 this section shall be subject to suspension or revocation of license.

863 Sec. 29. Section 19a-495 of the general statutes is repealed and the

864 following is substituted in lieu thereof:

865 (a) The Department of Public Health shall, after consultation with  
866 the appropriate public and voluntary hospital planning agencies,  
867 establish classifications of institutions. [It] The department shall, in [its]  
868 the Public Health Code, adopt, amend, promulgate and enforce such  
869 regulations based upon reasonable standards of health, safety and  
870 comfort of patients and demonstrable need for such institutions, with  
871 respect to each classification of institutions to be licensed under  
872 sections 19a-490 to 19a-503, inclusive, as amended by this act,  
873 including their special facilities, as will further the accomplishment of  
874 the purposes of said sections in promoting safe, humane and adequate  
875 care and treatment of individuals in institutions. [Said] The  
876 department shall adopt such regulations, in accordance with chapter  
877 54, concerning home health care agencies and homemaker-home  
878 health aide agencies, [, as defined in section 19a-490.]

879 (b) The Department of Public Health, with the advice of the  
880 Department of Mental Health and Addiction Services, shall include in  
881 the regulations adopted pursuant to subsection (a) of this section,  
882 additional standards for community residences, as defined in section  
883 19a-507a, which shall include, but not be limited to, standards for: (1)  
884 Safety, maintenance and administration; (2) protection of human  
885 rights; (3) staffing requirements; (4) administration of medication; (5)  
886 program goals and objectives; (6) services to be offered; and (7)  
887 population to be served.

888 (c) The [Commissioner of Public Health] commissioner may waive  
889 any provisions of the regulations affecting the physical plant  
890 requirements of residential care homes [, as defined in section 19a-490,]  
891 if the commissioner determines that such waiver would not endanger  
892 the health, safety or welfare of any resident. The commissioner may  
893 impose conditions, upon granting the waiver, that assure the health,  
894 safety and welfare of residents, and may revoke the waiver upon a

895 finding that the health, safety or welfare of any resident has been  
896 jeopardized. The commissioner shall not grant a waiver that would  
897 result in a violation of the State Fire Safety Code or State Building  
898 Code. The commissioner may adopt regulations, in accordance with  
899 chapter 54, establishing procedures for an application for a waiver  
900 pursuant to this subsection.

901       Sec. 30. Section 19a-496 of the general statutes is repealed and the  
902 following is substituted in lieu thereof:

903       An institution which is in operation at the time of [promulgation]  
904 the adoption of any regulations under section 19a-495, as amended by  
905 this act, shall be given a reasonable time, not to exceed one year from  
906 the date of such [promulgation] adoption, within which to comply  
907 with such regulations. The [foregoing] provisions of this section shall  
908 not be construed to require the issuance of a license, or to prevent the  
909 suspension or revocation thereof, to an institution which does not  
910 comply with minimum requirements of health, safety and comfort  
911 designated by the Department of Public Health through regulation  
912 adopted under the provisions of section 19a-495, as amended by this  
913 act.

914       Sec. 31. Section 19a-497 of the general statutes is repealed and the  
915 following is substituted in lieu thereof:

916       Any institution [, as defined in section 19a-490,] shall, upon receipt  
917 of a notice of intention to strike by a labor organization representing  
918 the employees of such [facility] institution, in accordance with the  
919 provisions of the National Labor Relations Act, 29 USC 158,  
920 immediately file a strike contingency plan with the [Commissioner of  
921 Public Health] commissioner. The commissioner shall adopt  
922 regulations, in accordance with the provisions of chapter 54, to  
923 establish requirements for such plan. Such plan shall be deemed a  
924 statement of strategy or negotiation with respect to collective  
925 bargaining for the purpose of subdivision (9) of subsection (b) of

926 section 1-210.

927 Sec. 32. Section 19a-498 of the general statutes is repealed and the  
928 following is substituted in lieu thereof:

929 (a) Subject to the provisions of section 19a-493, the Department of  
930 Public Health shall make or cause to be made a biennial licensure  
931 inspection of all institutions and such other inspections and  
932 investigations of institutions and examination of their records as [it]  
933 the department deems necessary.

934 (b) The [Commissioner of Public Health] commissioner, or an agent  
935 authorized by [him] the commissioner to conduct any inquiry,  
936 investigation or hearing under the provisions of this chapter, shall  
937 have power to inspect the premises of an institution, administer oaths  
938 and take testimony under oath relative to the matter of inquiry or  
939 investigation. At any hearing ordered by the department, the  
940 commissioner or [his] such agent may subpoena witnesses and require  
941 the production of records, papers and documents pertinent to such  
942 inquiry. If any person disobeys such subpoena or, having appeared in  
943 obedience thereto, refuses to answer any pertinent question put to  
944 [him] such person by the commissioner or [his] such agent or to  
945 produce any records and papers pursuant to the subpoena, the  
946 commissioner or [his] such agent may apply to the superior court for  
947 the judicial district of Hartford or for the judicial district wherein the  
948 person resides or wherein the business has been conducted, [or to any  
949 judge of said court if the same is not in session,] setting forth such  
950 disobedience or refusal, and said court [or such judge] shall cite such  
951 person to appear before said court [or such judge] to answer such  
952 question or to produce such records and papers.

953 (c) The Department of Mental Health and Addiction Services, with  
954 respect to any mental health facility [, as defined in subsection (h) of  
955 section 19a-490,] or alcohol or drug treatment facility, [as defined in  
956 subsection (i) of section 19a-490,] shall be authorized, either upon the



957 request of the Commissioner of Public Health or at such other times as  
958 they deem necessary, to enter such facility for the purpose of  
959 inspecting programs conducted [therein] at such facility. A written  
960 report of the findings of any such inspection shall be forwarded to the  
961 Commissioner of Public Health and a copy shall be maintained in [the]  
962 such facility's licensure file.

963 (d) In addition, the Commissioner of Social Services, or [his] a  
964 designated representative of the Commissioner of Social Services, at  
965 the request of the Office of Health Care Access or when [said  
966 commissioner] the Commissioner of Social Services deems it necessary,  
967 may examine and audit the financial records of any nursing home  
968 facility, as defined in section 19a-521. Each such nursing home facility  
969 shall retain all financial information, data and records relating to the  
970 operation of the nursing home facility for a period of not less than ten  
971 years, and all financial information, data and records relating to any  
972 real estate transactions affecting such operation, for a period of not less  
973 than twenty-five years, which financial information, data and records  
974 shall be made available, upon request, to the Commissioner of Social  
975 Services or [his] such designated representative at all reasonable times.

976 Sec. 33. Section 19a-499 of the general statutes is repealed and the  
977 following is substituted in lieu thereof:

978 (a) Information received by the Department of Public Health  
979 through filed reports, inspection or as otherwise authorized under this  
980 chapter, shall not be disclosed publicly in such manner as to identify  
981 any patient of an institution, [as defined herein,] except in a  
982 proceeding involving the question of licensure or in any proceeding  
983 before the Office of Health Care Access involving such institution.

984 (b) Notwithstanding the provisions of subsection (a) of this section,  
985 all records obtained by the commissioner in connection with any  
986 [such] investigation under this chapter shall not be subject to the  
987 provisions of section 1-210 for a period of six months from the date of

988 the petition or other event initiating such investigation, or until such  
989 time as the investigation is terminated pursuant to a withdrawal or  
990 other informal disposition or until a hearing is convened pursuant to  
991 chapter 54, whichever is earlier. A complaint, as defined in subdivision  
992 (6) of section 19a-13, shall be subject to the provisions of section 1-210  
993 from the time that it is served or mailed to the respondent. Records  
994 which are otherwise public records shall not be deemed confidential  
995 merely because they have been obtained in connection with an  
996 investigation under this chapter.

997 Sec. 34. Section 19a-502 of the general statutes is repealed and the  
998 following is substituted in lieu thereof:

999 (a) Any person establishing, conducting, managing or operating any  
1000 institution without the license required under the provisions of  
1001 sections 19a-490 to 19a-503, inclusive, as amended by this act, or  
1002 owning real property or improvements upon or within which such an  
1003 institution is established, conducted, managed or operated, without  
1004 the certificate required under the provisions of section 19a-491, shall be  
1005 fined not more than one hundred dollars for each offense, and each  
1006 day of a continuing violation after conviction shall be considered a  
1007 separate offense. The penalty provisions of this subsection shall not  
1008 apply to any financial institution regulated by any state or federal  
1009 agency or body, which financial institution has succeeded to the title of  
1010 the premises by mortgage foreclosure and the operator, if any,  
1011 continues to occupy such property.

1012 (b) If any person conducting, managing or operating any nursing  
1013 home facility, as defined in section 19a-521, fails to maintain or make  
1014 available the financial information, data or records required under  
1015 subsection (d) of section 19a-498, as amended by this act, such person's  
1016 license as a nursing home administrator may be revoked or suspended  
1017 in accordance with section 19a-517 or the license of such nursing home  
1018 facility may be revoked or suspended in the manner provided in

1019 section 19a-494, or both.

1020 Sec. 35. Section 19a-504 of the general statutes is repealed and the  
1021 following is substituted in lieu thereof:

1022 The Department of Public Health shall [make] adopt such  
1023 regulations, in accordance with chapter 54, pertaining to the prompt  
1024 removal of bodies of deceased persons from the presence of other  
1025 patients in hospitals, residential care homes or rest homes [, as defined  
1026 in section 19a-490,] as will minimize, as far as possible, disturbance of  
1027 such other patients.

1028 Sec. 36. Section 19a-528a of the general statutes is repealed and the  
1029 following is substituted in lieu thereof:

1030 Any nursing home licensee or owner who (1) has had four civil  
1031 penalties imposed through final order of the commissioner in  
1032 accordance with the provisions of sections 19a-524 to 19a-528,  
1033 inclusive, during a two-year period, [or] (2) has had intermediate  
1034 sanctions imposed through final adjudication under the Medicare or  
1035 Medicaid program pursuant to Title XVIII or XIX of the federal Social  
1036 Security Act, 42 USC 301, as from time to time amended, or (3) has had  
1037 [his] such licensee's or owner's Medicare or Medicaid provider  
1038 agreement terminated or not renewed, shall not acquire another  
1039 nursing home [, as defined in subsection (c) of section 19a-490,] in this  
1040 state for a period of five years from the date of final order on such civil  
1041 penalties, final adjudication of such intermediate sanctions, or  
1042 termination or nonrenewal.

1043 Sec. 37. Section 19a-534a of the general statutes is repealed and the  
1044 following is substituted in lieu thereof:

1045 If the [Commissioner of Public Health] commissioner finds that the  
1046 health, safety or welfare of any patient or patients in any nursing home  
1047 facility imperatively requires emergency action and [he] incorporates a

1048 finding to that effect in [his] the order, [he] the commissioner may  
1049 issue a summary order to the holder of a license issued pursuant to  
1050 section 19a-493 pending completion of any proceedings conducted  
1051 pursuant to section 19a-494. [These] Such proceedings shall be  
1052 promptly instituted and determined. The orders which the  
1053 commissioner may issue shall include, but not be limited to: [(a)] (1)  
1054 Revoking or suspending the license; [(b)] (2) prohibiting the nursing  
1055 home facility from admitting new patients or discharging current  
1056 patients; [and (c)] (3) limiting the license of a nursing home facility in  
1057 any respect, including reducing the licensed patient capacity; and [(d)]  
1058 (4) compelling compliance with the applicable statutes or regulations  
1059 [of] administered or adopted by the department.

1060 Sec. 38. Section 19a-541 of the general statutes is repealed and the  
1061 following is substituted in lieu thereof:

1062 [The following words and phrases, as] As used in this section and  
1063 sections 19a-542 to 19a-549, inclusive, [shall have the following  
1064 meanings,] unless the context otherwise requires:

1065 [(a)] (1) "Nursing home facility" [means a facility as defined] shall  
1066 have the same meaning as provided in section 19a-521;

1067 [(b)] (2) "Emergency" means a situation, physical condition or one or  
1068 more practices, methods or operations which presents imminent  
1069 danger of death or serious physical or mental harm to residents of  
1070 [such] a nursing home facility;

1071 [(c)] (3) "Transfer trauma" means the medical and psychological  
1072 reactions to physical transfer that increase the risk of death, or grave  
1073 illness, or both, in elderly persons; and

1074 [(d)] (4) "Substantial violation" means a violation of law which  
1075 presents a reasonable likelihood of serious physical or mental harm to  
1076 residents of [such] a nursing home facility.

1077 Sec. 39. Section 19a-550 of the general statutes is repealed and the  
1078 following is substituted in lieu thereof:

1079 (a) (1) As used in this section, [a] (A) "nursing home facility" [is as  
1080 defined] shall have the same meaning as provided in section 19a-521, [;  
1081 a] and (B) "chronic disease hospital" means a long-term hospital having  
1082 facilities, medical staff and all necessary personnel for the diagnosis,  
1083 care and treatment of chronic diseases; and (2) for the purposes of  
1084 subsections (c) and (d) of this section, and subsection (b) of section 19a-  
1085 537, "medically contraindicated" means a comprehensive evaluation of  
1086 the impact of a potential room transfer on the patient's physical,  
1087 mental and psychosocial well-being, which determines that the  
1088 transfer would cause new symptoms or exacerbate present symptoms  
1089 beyond a reasonable adjustment period resulting in a prolonged or  
1090 significant negative outcome that could not be ameliorated through  
1091 care plan intervention, as documented by a physician in a patient's  
1092 medical record.

1093 (b) There is established a patients' bill of rights for any person  
1094 admitted as a patient to any nursing home facility or chronic disease  
1095 hospital. The patients' bill of rights shall be implemented in accordance  
1096 with the provisions of Sections 1919(c)(2), 1919(c)(2)(D) and  
1097 1919(c)(2)(E) of the Social Security Act. [Said] The patients' bill of rights  
1098 shall provide that each such patient: (1) Is fully informed, as evidenced  
1099 by [his] the patient's written acknowledgment, prior to or at the time of  
1100 admission and during [his] the patient's stay, of [these] the rights set  
1101 forth in this section and of all rules and regulations governing patient  
1102 conduct and responsibilities; (2) is fully informed, prior to or at the  
1103 time of admission and during [his] the patient's stay, of services  
1104 available in the facility, and of related charges including any charges  
1105 for services not covered under Titles XVIII or XIX of the Social Security  
1106 Act, or not covered by basic per diem rate; (3) is entitled to choose [his]  
1107 the patient's own physician and is fully informed, by a physician, of  
1108 [his] the patient's medical condition unless medically contraindicated,

1109 as documented by the physician in [his] the patient's medical record,  
1110 and is afforded the opportunity to participate in the planning of [his]  
1111 the patient's medical treatment and to refuse to participate in  
1112 experimental research; (4) in a residential care home or a chronic  
1113 disease hospital is transferred from one room to another within the  
1114 facility only for medical reasons, or for [his] the patient's welfare or  
1115 that of other patients, as documented in [his] the patient's medical  
1116 record and such record shall include documentation of action taken to  
1117 minimize any disruptive effects of such transfer, except a patient who  
1118 is a Medicaid recipient may be transferred from a private room to a  
1119 nonprivate room, provided no patient may be involuntarily  
1120 transferred from one room to another within the facility if (A) it is  
1121 medically established that the move will subject the patient to a  
1122 reasonable likelihood of serious physical injury or harm, or (B) the  
1123 patient has a prior established medical history of psychiatric problems  
1124 and there is psychiatric testimony that as a consequence of the  
1125 proposed move there will be exacerbation of the psychiatric problem  
1126 which would last over a significant period of time and require  
1127 psychiatric intervention; and in the case of an involuntary transfer  
1128 from one room to another within the facility, the patient and, if known,  
1129 [his] the patient's legally liable relative, guardian or conservator, is  
1130 given at least thirty days' and no more than sixty days' written notice  
1131 to ensure orderly transfer from one room to another within the facility,  
1132 except where the health, safety or welfare of other patients is  
1133 endangered or where immediate transfer from one room to another  
1134 within the facility is necessitated by urgent medical need of the patient  
1135 or where a patient has resided in the facility for less than thirty days, in  
1136 which case notice shall be given as many days before the transfer as  
1137 practicable; (5) is encouraged and assisted, throughout [his] the  
1138 patient's period of stay, to exercise [his] the patient's rights as a patient  
1139 and as a citizen, and to this end may voice grievances and recommend  
1140 changes in policies and services to facility staff or to outside  
1141 representatives of [his] the patient's choice, free from restraint,

1142 interference, coercion, discrimination or reprisal; (6) shall have prompt  
1143 efforts made by the facility to resolve grievances the patient may have,  
1144 including those with respect to the behavior of other patients; (7) may  
1145 manage [his] the patient's personal financial affairs, and is given a  
1146 quarterly accounting of financial transactions made on [his] the  
1147 patient's behalf; (8) is free from mental and physical abuse, corporal  
1148 punishment, involuntary seclusion and any physical or chemical  
1149 restraints imposed for purposes of discipline or convenience and not  
1150 required to treat the patient's medical symptoms. Physical or chemical  
1151 restraints may be imposed only to ensure the physical safety of the  
1152 patient or other patients and only upon the written order of a  
1153 physician that specifies the type of restraint and the duration and  
1154 circumstances under which the restraints are to be used, except in  
1155 emergencies until a specific order can be obtained; (9) is assured  
1156 confidential treatment of [his] the patient's personal and medical  
1157 records, and may approve or refuse their release to any individual  
1158 outside the facility, except in case of [his] the patient's transfer to  
1159 another health care institution or as required by law or third-party  
1160 payment contract; (10) receives services with reasonable  
1161 accommodation of individual needs and preferences, except where the  
1162 health or safety of the individual would be endangered, and is treated  
1163 with consideration, respect, and full recognition of [his] the patient's  
1164 dignity and individuality, including privacy in treatment and in care  
1165 for [his] the patient's personal needs; (11) is not required to perform  
1166 services for the facility that are not included for therapeutic purposes  
1167 in [his] the patient's plan of care; (12) may associate and communicate  
1168 privately with persons of [his] the patient's choice, including other  
1169 patients, send and receive [his] the patient's personal mail unopened  
1170 and make and receive telephone calls privately, unless medically  
1171 contraindicated, as documented by [his] the patient's physician in [his]  
1172 the patient's medical record, and receives adequate notice before [his]  
1173 the patient's room or [his] roommate in the facility is changed; (13) is  
1174 entitled to organize and participate in patient groups in the facility and

1175 to participate in social, religious and community activities that do not  
1176 interfere with the rights of other patients, unless medically  
1177 contraindicated, as documented by [his] the patient's physician in [his]  
1178 the patient's medical records; (14) may retain and use [his] the patient's  
1179 personal clothing and possessions unless to do so would infringe upon  
1180 rights of other patients or unless medically contraindicated, as  
1181 documented by [his] the patient's physician in [his] the patient's  
1182 medical record; (15) if married, is assured privacy for visits by [his] the  
1183 patient's spouse and if both are inpatients in the facility, they are  
1184 permitted to share a room, unless medically contraindicated, as  
1185 documented by the attending physician in the medical record; (16) is  
1186 fully informed of the availability of and may examine all current state,  
1187 local and federal inspection reports and plans of correction; (17) may  
1188 organize, maintain and participate in a patient-run resident council, as  
1189 a means of fostering communication among residents and between  
1190 residents and staff, encouraging resident independence and  
1191 addressing the basic rights of nursing home and chronic disease  
1192 hospital patients and residents, free from administrative interference  
1193 or reprisal; (18) is entitled to the opinion of two physicians concerning  
1194 the need for surgery, except in an emergency situation, prior to such  
1195 surgery being performed; (19) is entitled to have the patient's family  
1196 meet in the facility with the families of other patients in the facility to  
1197 the extent the facility has existing meeting space available which meets  
1198 applicable building and fire codes; (20) is entitled to file a complaint  
1199 with the [state] Department of Social Services and the [state]  
1200 Department of Public Health regarding patient abuse, neglect or  
1201 misappropriation of patient property; (21) is entitled to have  
1202 psychopharmacologic drugs administered only on orders of a  
1203 physician and only as part of a written plan of care designed to  
1204 eliminate or modify the symptoms for which the drugs are prescribed  
1205 and only if, at least annually, an independent external consultant  
1206 reviews the appropriateness of the drug plan; (22) is entitled to be  
1207 transferred or discharged from the facility only pursuant to section



1208 19a-535 or section 19a-535b, as applicable; (23) is entitled to be treated  
1209 equally with other patients with regard to transfer, discharge and the  
1210 provision of all services regardless of the source of payment; (24) shall  
1211 not be required to waive any rights to benefits under Medicare or  
1212 Medicaid or to give oral or written assurance that [he] the patient is  
1213 not eligible for, or will not apply for benefits under Medicare or  
1214 Medicaid; (25) is entitled to be provided information by the facility as  
1215 to how to apply for Medicare or Medicaid benefits and how to receive  
1216 refunds for previous payments covered by such benefits; (26) on or  
1217 after October 1, 1990, shall not be required to give a third party  
1218 guarantee of payment to the facility as a condition of admission to, or  
1219 continued stay in, the facility; (27) in the case of an individual who is  
1220 entitled to medical assistance, is entitled to have the facility not charge,  
1221 solicit, accept or receive, in addition to any amount otherwise required  
1222 to be paid under Medicaid, any gift, money, donation or other  
1223 consideration as a precondition of admission or expediting the  
1224 admission of the individual to the facility or as a requirement for the  
1225 individual's continued stay in the facility; and (28) shall not be  
1226 required to deposit [his] the patient's personal funds in the facility.

1227 (c) The patients' bill of rights shall provide that a patient in a rest  
1228 home with nursing supervision or a chronic and convalescent nursing  
1229 home may be transferred from one room to another within a facility  
1230 only for the purpose of promoting the patient's well-being, except as  
1231 provided pursuant to subparagraph (C) or (D) of this subsection or  
1232 subsection (d) of this section. Whenever a patient is to be transferred,  
1233 the facility shall effect the transfer with the least disruption to the  
1234 patient and shall assess, monitor and adjust care as needed subsequent  
1235 to the transfer in accordance with subdivision (10) of subsection (b) of  
1236 this section. When a transfer is initiated by the facility and the patient  
1237 does not consent to the transfer, the facility shall establish a  
1238 consultative process that includes the participation of the attending  
1239 physician, a registered nurse with responsibility for the patient and  
1240 other appropriate staff in disciplines as determined by the patient's

1241 needs, and the participation of the patient, [his] the patient's family or  
1242 other representative. The consultative process shall determine: (1)  
1243 What caused consideration of the transfer; (2) whether the cause can be  
1244 removed; and (3) if not, whether the facility has attempted alternatives  
1245 to transfer. The patient shall be informed of the risks and benefits of  
1246 the transfer and of any alternatives. If subsequent to the completion of  
1247 the consultative process a patient still does not wish to be transferred,  
1248 the patient may be transferred without [his] the patient's consent,  
1249 unless medically contraindicated, only (A) if necessary to accomplish  
1250 physical plant repairs or renovations that otherwise could not be  
1251 accomplished; provided, if practicable, the patient, if [he] the patient  
1252 wishes, shall be returned to [his] the patient's room when the repairs or  
1253 renovations are completed; (B) due to irreconcilable incompatibility  
1254 between or among roommates, which is actually or potentially harmful  
1255 to the well-being of a patient; (C) if the facility has two vacancies  
1256 available for patients of the same sex in different rooms, there is no  
1257 applicant of that sex pending admission in accordance with the  
1258 requirements of section 19a-533 and grouping of patients by the same  
1259 sex in the same room would allow admission of patients of the  
1260 opposite sex, which otherwise would not be possible; (D) if necessary  
1261 to allow access to specialized medical equipment no longer needed by  
1262 the patient and needed by another patient; or (E) if the patient no  
1263 longer needs the specialized services or programming that is the focus  
1264 of the area of the facility in which the patient is located. In the case of  
1265 an involuntary transfer, the facility shall, subsequent to completion of  
1266 the consultative process, provide the patient and [his] the patient's  
1267 legally liable relative, guardian or conservator if any or other  
1268 responsible party if known, with at least fifteen days' written notice of  
1269 the transfer, which shall include the reason for the transfer, the  
1270 location to which the patient is being transferred, and the name,  
1271 address and telephone number of the regional long-term care  
1272 ombudsman, except that in the case of a transfer pursuant to  
1273 subparagraph (A) of this subsection at least thirty days' notice shall be

1274 provided. Notwithstanding the provisions of this subsection, a patient  
1275 may be involuntarily transferred immediately from one room to  
1276 another within a facility to protect [himself] the patient or others from  
1277 physical harm, to control the spread of an infectious disease, to  
1278 respond to a physical plant or environmental emergency that threatens  
1279 the patient's health or safety or to respond to a situation that presents a  
1280 patient with an immediate danger of death or serious physical harm.  
1281 In such a case, disruption of patients shall be minimized; the required  
1282 notice shall be provided within twenty-four hours after the transfer; if  
1283 practicable, the patient, if [he] the patient wishes, shall be returned to  
1284 [his] the patient's room when the threat to health or safety which  
1285 prompted the transfer has been eliminated; and, in the case of a  
1286 transfer effected to protect a patient or others from physical harm, the  
1287 consultative process shall be established on the next business day.

1288 (d) Notwithstanding the provisions of subsection (c) of this section,  
1289 unless medically contraindicated, a patient who is a Medicaid recipient  
1290 may be transferred from a private to a nonprivate room. In the case of  
1291 such a transfer, the facility shall (1) give at least thirty days' written  
1292 notice to the patient and [his] the patient's legally liable relative,  
1293 guardian or conservator, if any, or other responsible party, if known,  
1294 which notice shall include the reason for the transfer, the location to  
1295 which the patient is being transferred and the name, address and  
1296 telephone number of the regional long-term care ombudsman; and (2)  
1297 establish a consultative process to effect the transfer with the least  
1298 disruption to the patient and assess, monitor and adjust care as needed  
1299 subsequent to the transfer in accordance with subdivision (10) of  
1300 subsection (b) of this section. The consultative process shall include the  
1301 participation of the attending physician, a registered nurse with  
1302 responsibility for the patient and other appropriate staff in disciplines  
1303 as determined by the patient's needs, and the participation of the  
1304 patient, [his] the patient's family or other representative.

1305 (e) Any facility that negligently deprives a patient of any right or

1306 benefit created or established for the well-being of the patient by the  
1307 provisions of this section shall be liable to such patient in a private  
1308 cause of action for injuries suffered as a result of such deprivation.  
1309 Upon a finding that a patient has been deprived of such a right or  
1310 benefit, and that the patient has been injured as a result of such  
1311 deprivation, damages shall be assessed in the amount sufficient to  
1312 compensate such patient for such injury. In addition, where the  
1313 deprivation of any such right or benefit is found to have been wilful or  
1314 in reckless disregard of the rights of the patient, punitive damages may  
1315 be assessed. A patient may also maintain an action pursuant to this  
1316 section for any other type of relief, including injunctive and  
1317 declaratory relief, permitted by law. Exhaustion of any available  
1318 administrative remedies shall not be required prior to commencement  
1319 of suit under this section.

1320 (f) In addition to the rights specified in subsections (b), (c) and (d) of  
1321 this section, a patient in a nursing home facility is entitled to have the  
1322 facility manage [his or her] the patient's funds as provided in section  
1323 19a-551.

1324 Sec. 40. Subsection (c) of section 19a-571 of the general statutes is  
1325 repealed and the following is substituted in lieu thereof:

1326 (c) In the case of an infant, as defined in 45 CFR 1340.15 (b), the  
1327 physician or licensed medical facility shall comply with the provisions  
1328 of 45 CFR 1340.15 (b)(2) in addition to the provisions of subsection (a)  
1329 of this section.

1330 Sec. 41. Section 20-241 of the general statutes is repealed and the  
1331 following is substituted in lieu thereof:

1332 All barber shops and barber schools shall be inspected regarding  
1333 their sanitary condition by the Department of Public Health whenever  
1334 the department deems it necessary, and any authorized representative  
1335 of the department shall have full power to enter and inspect any such

1336 shop or school during usual business hours. If any barber shop or  
1337 barber school, upon such inspection, is found to be in an [insanitary]  
1338 unsanitary condition, the commissioner or [his] the commissioner's  
1339 designee shall make written order that such shop or school be placed  
1340 in a sanitary condition.

1341 Sec. 42. Section 20-250 of the general statutes is repealed and the  
1342 following is substituted in lieu thereof:

1343 [The following terms when] As used in this chapter, [shall have the  
1344 following meanings] unless the context otherwise [indicates] requires:

1345 (1) "Board" means the [board of examiners] Connecticut Examining  
1346 Board for Barbers, Hairdressers and Cosmeticians established under  
1347 section 20-235a;

1348 (2) "Commissioner" means the Commissioner of Public Health;

1349 (3) "Department" means the Department of Public Health;

1350 (4) "Hairdressing and cosmetology" means the art of dressing,  
1351 arranging, curling, waving, weaving, cutting, singeing, bleaching and  
1352 coloring the hair and treating the scalp of any person, and massaging,  
1353 cleansing, stimulating, manipulating, exercising or beautifying with  
1354 the use of the hands, appliances, cosmetic preparations, antiseptics,  
1355 tonics, lotions, creams, powders, oils or clays and doing similar work  
1356 on the face, neck and arms, and manicuring the fingernails and, for  
1357 cosmetic purposes only, trimming, filing and painting the healthy  
1358 toenails, excluding cutting nail beds, corns and calluses or other  
1359 medical treatment involving the foot or ankle, of any person for  
1360 compensation, provided nothing in this [definition] subdivision shall  
1361 prohibit an unlicensed person from performing facials, eyebrow  
1362 arching, shampooing or braiding hair;

1363 (5) "Registered hairdresser and cosmetician" means any person [(A)]  
1364 who (A) has successfully completed the ninth grade or [(B) who] has

1365 passed an equivalency examination, evidencing such education,  
1366 prepared by the Commissioner of Education and conducted by the  
1367 Department of Public Health, and [who] (B) holds a license to practice  
1368 as a registered hairdresser and cosmetician; and

1369 (6) "Student" means any person who is engaged in learning or  
1370 acquiring a knowledge of hairdressing and cosmetology at a school  
1371 approved in accordance with the provisions of this chapter who has  
1372 successfully completed ninth grade or its equivalent. The provisions of  
1373 this [section] subdivision shall not apply to schools conducted by the  
1374 State Board of Education.

1375 Sec. 43. Section 20-252 of the general statutes is repealed and the  
1376 following is substituted in lieu thereof:

1377 No person shall engage in the occupation of registered hairdresser  
1378 and cosmetician without having obtained a license from the  
1379 department. Persons desiring such licenses shall apply in writing on  
1380 forms furnished by the department. No license shall be issued, except a  
1381 renewal [certificate] of a license, to a registered hairdresser and  
1382 cosmetician unless the applicant has shown to the satisfaction of the  
1383 department that [he] the applicant has complied with the laws and the  
1384 regulations [of] administered or adopted by the department. No  
1385 applicant shall be licensed as a registered hairdresser and cosmetician,  
1386 except by renewal of a license, until [he] the applicant has made  
1387 written application to the department, setting forth by affidavit that  
1388 [he] the applicant has successfully completed the eighth grade or [he]  
1389 has passed an equivalency examination, evidencing such education,  
1390 prepared by the Commissioner of Education and conducted by the  
1391 Department of Public Health and that [he] the applicant has completed  
1392 a course of not less than fifteen hundred hours of study in a school  
1393 approved in accordance with the provisions of this chapter or in a  
1394 school teaching hairdressing and cosmetology under the supervision  
1395 of the State Board of Education and until [he] the applicant has passed

1396 a written examination satisfactory to the department. Examinations  
1397 required for licensure under this chapter shall be prescribed by the  
1398 department with the advice and assistance of the board and shall be  
1399 administered by the department under the supervision of the board.  
1400 The department shall establish a passing score for examinations with  
1401 the advice and assistance of the board which shall be the same as the  
1402 passing score established in section 20-236.

1403 Sec. 44. Section 20-253 of the general statutes is repealed and the  
1404 following is substituted in lieu thereof:

1405 License or examination fees shall be paid to the department at the  
1406 time of application as follows: (1) For examination as a registered  
1407 hairdresser and cosmetician, the sum of fifty dollars; and (2) for annual  
1408 renewal of any hairdresser and cosmetician license, the sum of twenty-  
1409 five dollars. Each person engaged in the occupation of registered  
1410 hairdresser and cosmetician shall, at all times, conspicuously display  
1411 [his] such person's license within the place where such occupation is  
1412 being conducted. All hairdresser and cosmetician licenses, except as  
1413 otherwise provided in this chapter, shall expire in accordance with the  
1414 provisions of section 19a-88. No person shall carry on the occupation  
1415 of hairdressing and cosmetology after the expiration of [his] such  
1416 person's license until [he] such person has made application to [said]  
1417 the department for the renewal of such license. Such application shall  
1418 be in writing, addressed to [said] the department and signed by the  
1419 person applying for such renewal. [Said] The department may renew  
1420 any hairdresser and [cosmetician's] cosmetician license if application  
1421 for such renewal is received by [said] the department within ninety  
1422 days after the expiration of such license.

1423 Sec. 45. Section 20-257 of the general statutes is repealed and the  
1424 following is substituted in lieu thereof:

1425 [Each operator or] Any registered hairdresser and cosmetician  
1426 licensed under the provisions of this chapter, who rents, loans or

1427 allows the use of [his] such license to any person, or who aids or abets  
1428 the practice of hairdressing and cosmetology by an unlicensed person,  
1429 shall be fined not more than one hundred dollars and shall forfeit [his]  
1430 such license.

1431 Sec. 46. Section 20-258 of the general statutes is repealed and the  
1432 following is substituted in lieu thereof:

1433 All hairdressing shops shall be inspected regarding their sanitary  
1434 condition by the [Department of Public Health] department whenever  
1435 the department deems it necessary, and any authorized representative  
1436 of the department shall have full power to enter and inspect any such  
1437 shop during usual business hours. If any hairdressing shop, upon such  
1438 inspection, is found to be in an unsanitary condition, the  
1439 commissioner, or [his] the commissioner's designee, shall make written  
1440 order that such shop be placed in a sanitary condition. No person,  
1441 other than a person operating a hairdressing shop on May 17, 1982,  
1442 may operate any hairdressing shop unless such person has been  
1443 licensed as a registered hairdresser and cosmetician for not less than  
1444 two years.

1445 Sec. 47. Section 20-259 of the general statutes is repealed and the  
1446 following is substituted in lieu thereof:

1447 Each [such registered] hairdressing shop, store or place shall be  
1448 under the management of a registered hairdresser and cosmetician.

1449 Sec. 48. Section 20-260 of the general statutes is repealed and the  
1450 following is substituted in lieu thereof:

1451 No person [who is not licensed under the provisions of this chapter  
1452 shall] may engage in the cutting, styling or arranging of hair in any  
1453 hairdressing shop, store or place [registered under the provisions of  
1454 section 20-258] without a license issued under the provisions of this  
1455 chapter.



1456 Sec. 49. Section 20-263 of the general statutes is repealed and the  
1457 following is substituted in lieu thereof:

1458 The [Commissioner of Public Health or his] commissioner or a  
1459 representative designated by [him] the commissioner may investigate  
1460 any alleged violation of the provisions of this chapter and, if there  
1461 appears to be reasonable cause therefor, on reasonable notice to any  
1462 person accused of any such violation, may refer the matter to the board  
1463 for hearing; may make complaint to the prosecuting authority having  
1464 jurisdiction of any such complaint or may examine into all acts of  
1465 alleged abuse, fraud, or incompetence. The board may suspend the  
1466 license of any [operator,] registered hairdresser and cosmetician, [or  
1467 any shop registration or school license,] and may revoke the  
1468 hairdresser and cosmetician license [or shop registration] of any  
1469 person convicted of violating any provision of this chapter or any  
1470 regulation adopted [hereunder] under this chapter or take any of the  
1471 actions set forth in section 19a-17 for any of the following reasons: (1)  
1472 The employment of fraud or deception in obtaining a license; (2) abuse  
1473 or excessive use of drugs, including alcohol, narcotics or chemicals; (3)  
1474 engaging in fraud or material deception in the course of professional  
1475 services or activities; (4) physical or mental illness, emotional disorder  
1476 or loss of motor skill, including, but not limited to, deterioration  
1477 through the aging process; [,] or (5) illegal, incompetent or negligent  
1478 conduct in the course of professional activities. The [Commissioner of  
1479 Public Health] commissioner may order a license holder to submit to a  
1480 reasonable physical or mental examination if [his] the physical or  
1481 mental capacity of the license holder to practice safely is the subject of  
1482 an investigation. [Said] The commissioner may petition the superior  
1483 court for the judicial district of Hartford to enforce such order or any  
1484 action taken pursuant to section 19a-17. No license [or shop  
1485 registration] issued pursuant to this chapter shall be revoked or  
1486 suspended under this section until the licensee [or registrant] has been  
1487 given notice and opportunity for hearing as provided in the  
1488 regulations adopted by the [Commissioner of Public Health]

1489 commissioner.

1490       Sec. 50. Section 19a-490c of the general statutes is repealed.

**PH**       *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

---

**OFA Fiscal Note**

**State Impact:** None

**Affected Agencies:** Departments of Mental Retardation, Children and Families, Mental Health and Addiction Services

**Municipal Impact:** None

**Explanation****State Impact:**

This bill makes technical changes to various social and human services and public health statutes and will result in no fiscal impact.

---

**OLR Bill Analysis**

sHB 6740

***AN ACT IMPLEMENTING THE LEGISLATIVE COMMISSIONERS'  
RECOMMENDATIONS FOR TECHNICAL REVISIONS TO CERTAIN  
PROVISIONS OF TITLES 17A AND 19A OF THE GENERAL  
STATUTES.***

**SUMMARY:**

This bill makes technical changes to public health-related statutes and repeals an obsolete one.

EFFECTIVE DATE: October 1, 2001

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25      Nay 0